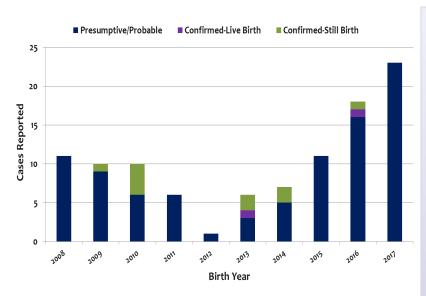
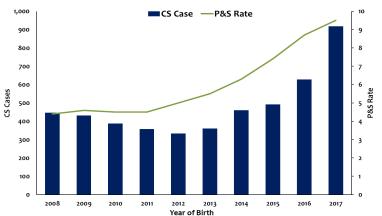
## **Congenital Syphilis in North Carolina** Reported Syphilis Case Data, 2017

## Syphilis and congenital syphilis is increasing in North Carolina

- Early syphilis (primary, secondary, and early latent) cases among women increased from 2012 to 2016, and congenital syphilis has also been increasing.
- There were 23 probable congenital syphilis cases (19.0 cases per 100,000 live births) reported in 2017. This is a 229% increase from 2014.
- Nationwide, there were 64 still births in 2017, up from 41 in 2016.





live births in 2017. Increases in congenital syphilis parallel increases in

Nationally, congenital syphilis

rates have been increasing

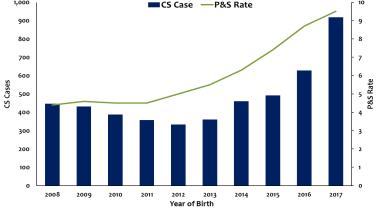
since 2012. The national rate

was 23.3 cases per 100,000

primary and secondary syphilis among women during 2012 -2017 (see figure on left). \*

\*CDC. 2017 STD Surveillance Report

## Syphilis and congenital syphilis is also increasing in the US



CS = congenital syphilis; P&S = primary and secondary syphilis.

## Congenital syphilis is preventable!

Among women with syphilis who gave birth to an infant with congenital syphilis in North Carolina in 2017:

- Although most mothers accessed some prenatal care, none of the mothers had full screening for syphilis, as indicated by North Carolina testing requirements.
- 60% of mothers were infected during pregnancy, emphasizing the importance of full syphilis screening during pregnancy.
- Mothers AND their partners must be treated to prevent reinfection.



North Carolina **Public Health** 

#### **Want More** Information?

**HIV/STD Facts and** Figures web site: https:// epi.publichealth.nc.g ov/cd/stds/ figures.html

**Centers for Disease** Control and **Prevention Fact Sheets on Congenital** Syphilis:

https://www.cdc.gov/ std/syphilis/stdfactcongenitalsyphilis.htm

#### **Data Source:**

North Carolina **Electronic Disease** Surveillance System (NC EDSS) (data as of July 20, 2018) and NC vital statistics for 2016 (data as of October 16. 2017).

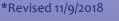
#### Contact Us

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Created by the HIV/STD/ Hepatitis Surveillance





## Congenital Syphilis in North Carolina Reported Syphilis Case Data, 2017

# What is North Carolina doing to decrease babies born with congenital syphilis?

- Program alerts are sent out to medical providers as new information is available.
- State and local health departments are collaborating to increase awareness among the community and clinical providers.
- More information about testing for syphilis among pregnant women and newborns born to women infected with syphilis can be accessed at: North Carolina testing requirements

### **Program Alert Example**



### What CLINICIANS can do

- Ensure that ALL pregnant women receive full syphilis screening (first prenatal visit, between 28-30 weeks gestation, and at delivery).
  - ♦ Perform a thorough sexual health and risk assessment at every prenatal visit.
  - ♦ Testing for syphilis during first and third trimesters allows the mother to be treated prior to birth and can prevent congenital syphilis.
  - ♦ Testing at delivery ensures that all potential congenital syphilis infections are identified and treated appropriately.
  - ♦ Newborns should not be discharged from the hospital until the serologic status of the mother is known.
  - ♦ Treat all sexual partners of pregnant women diagnosed with syphilis to prevent re-infection.
- For clinical questions, refer to the STD Clinical Consultation line: https://www.stdccn.org/
- For provider training resources, refer to the National Network of STD Clinical Prevention Training Centers: <a href="http://nnptc.org/">http://nnptc.org/</a>

#### What YOU can do

- If you are sexually active make sure your care provider is offering you regular screening for all STDs.
- If you are diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment.



Recommendations from the CDC 2015 STD Treatment Guidelines for Congenital Syphilis:

- Penicillin is the only acceptable treatment of syphilis in pregnant women.
- Therefore, women with penicillin allergies should be desensitized and treated with penicillin.

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